

State of Iowa
Department of Education
IOWA VOCATIONAL REHABILITATION SERVICES

RE: _____
NAME (Typed or Printed)
SS#

DATE OF BIRTH and/or OTHER IDENTIFIER

**AUTHORITY FOR RELEASE AND EXCHANGE OF INFORMATION
BETWEEN THE FOLLOWING AGENCIES/ORGANIZATIONS/PARTIES**

**Iowa Vocational Rehabilitation Services
510 E. 12th Street
Des Moines, IA 50319**

The purpose of this release is to allow the above parties to release and share information about me which is necessary for the development and administration of my vocational goal and program, the provision of services from those parties, the identification of my financial needs and the development of financial resources for me, and the identification of my program and service needs. This can include medical and psychological information, evaluation information and data, program details and plans, and any information that is pertinent and necessary for the administration of my program or the provision of services from either party.

I Understand that the information you release will be used as appropriate and necessary in the determination of eligibility for, and the development of a program of rehabilitation services; or

____ Other _____

I understand that the information may be given verbally or in written form and this release includes permission to furnish copies. I understand a copy of this form will accompany any written information released and I will also receive a copy at the time of disclosure. This form will also be kept in my VR casefile. I understand that I may review the disclosed information by contacting the person, agency, or individual releasing the information. I understand that the information will be used for purposes relating to my rehabilitation programming, and will not be released to any other agency, individual or organization for any other purpose as required by Federal or State Law. I understand that any action on my part to deny access to information that is essential to my rehabilitation programming may result in delaying or stopping rehabilitation services. I also understand that I may withdraw this permission at any time by sending written notice to the Iowa Vocational Rehabilitation Services, 510 East 12th Street, Des Moines, Iowa 50319. If I do so, I know that it cannot apply to any information that has been given before IVRS has received my written withdrawal and notified the supplier named above. In the absence of any withdrawal, or special instructions below, **this release will automatically expire 12 months from the date of my signature.**

Restrictions and/or Comments: _____

SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW:	
If information of the following types is available I give permission for its release: (Client must check appropriate box(es))	
<div style="display: flex; justify-content: space-around;"><div style="text-align: center;">YES</div><div style="text-align: center;">NO</div></div> <div style="display: flex; justify-content: space-between;"><div>1. SUBSTANCE ABUSE</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between;"><div>2. MENTAL HEALTH</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div> <div style="display: flex; justify-content: space-between;"><div>3. HIV-RELATED INFORMATION</div><div><input type="checkbox"/></div><div><input type="checkbox"/></div></div>	<div style="display: flex; justify-content: space-between; align-items: center;"><div style="width: 45%; border-bottom: 1px solid black; text-align: center;">CLIENT SIGNATURE</div><div style="width: 45%; border-bottom: 1px solid black; text-align: center;">DATE SIGNED</div></div> <div style="border-bottom: 1px solid black; text-align: center; margin-top: 10px;">STREET/P.O. BOX</div> <div style="border-bottom: 1px solid black; text-align: center; margin-top: 10px;">CITY/STATE/ZIP</div> <div style="border-bottom: 1px solid black; text-align: center; margin-top: 10px;">PARENT/GUARDIAN IF CLIENT IS A MINOR</div> <div style="border-bottom: 1px solid black; text-align: center; margin-top: 10px;">SIGNATURE OF WITNESS</div>
SIGNATURE OF CLIENT _____	DATE _____
SIGNATURE OF LEGAL GUARDIAN _____	DATE _____
In order for the above information to be released, you must sign here AND to the right.	

For Responding Agency Use Only:

____ Staff Initial

____ Date Released

____ Date Copy Sent to Client